




Workshop Workforce Development

Live Q&A for Workshop Session D

D4 - Seizing an Opportunity: Tools and Strategies for Integrating Hepatitis C Services into Opioid Treatment Programs

 Tuesday, April 13, 2021  4:30 PM – 4:45 PM PDT  CE: 1.5 Credit Hours

Primary Presenter(s)



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Presentation Introduction: Surveillance data from the Centers for Disease Control and Prevention suggests 2.4 million Americans are living with Hepatitis C (HCV). HCV has been rapidly increasing since 2010, and 2013-2017 data continue to show constant increases in acute HCV infection across all states.¹ Research strongly suggests that this increase is associated with the opioid epidemic.² HCV prevalence among people who inject drugs (PWID) is estimated at 40% globally, with injection drug use accounting for 23% of new infections.³

The Institute of Medicine of the National Academies advocates that prevention and treatment approaches for PWID include an integration of HCV and substance use services, including education, outreach, linkage to care and health coaching.⁴ The National Academies of Sciences, Engineering, and Medicine recommends that federal dollars should be directed to programs that offer integrated services for opioid use disorder (OUD) and infectious disease. Specifically, they recommended the use of technical assistance to assist sites with implementing integrated care and collecting data to inform best practices related to service integration.⁵

Opioid Treatment Providers (OTPs) play an integral role in comprehensive approaches to addressing HCV. HCV prevention services are included in SAMHSA's 2015 guidelines for OTPs.⁶ OTPs are uniquely suited to HCV integration. OTPs see their patients regularly, recognize that return to use is a part of recovery, have experience with co-occurring disorders, and may have

onsite medical staff who can draw blood and provide case management, all factors that are conducive to integrating services.

Integrating care is critical to eliminating HCV, but there is no single evidence-based model for how this should work in OTPs or any clear steps for making this organizational change. There is considerable variation within and across OTPs in the U.S. as to size, staffing, infrastructure, capacity, geographic location, treatment populations, state restrictions and funding, policies and procedures, and other factors.

In February 2018, the Addiction Technology Transfer Center (ATTC) Network Coordinating Office (NCO) began the process of identifying promising and emerging best practices for HCV integration and associated workforce development needs. ATTC NCO convened two HCV Thought Leader Summits (each of which included more than 20 experts in HCV or OUD treatment), conducted an environmental scan to organize and briefly summarize existing resources on the topic, and visited six geographically and demographically diverse OTP sites in the United States where some level of OUD and HCV treatment integration was underway. AATOD staff have been a part of this effort from the beginning, serving on the Thought Leader panel and providing specific consultation as it relates to OTP engagement in project activities.

Learning Objectives:

- Interpret the importance of involving interprofessional staff in the process of integrating infectious disease services into an opioid treatment program.
- Explain the continuum of infectious disease and opioid use disorder service integration, from referrals to community partners to full on-site integration.
- Describe the evidence documenting the opportunity for improved patient outcomes when opioid use disorder and infectious disease treatment are fully integrated.